

**AMENDMENT TRANSMITTAL LETTER (Large Entity)**Applicant(s): **Yusuke Ichikawa**

Docket No.

**17295**

Application No.

**10/727,944**

Filing Date

**December 4, 2003**

Examiner

**Diane D. Yabut**

Customer No.

**23389**

Group Art Unit

**3734**

Confirmation No.

**7378**Invention: **ULTRASONIC PUNCTURE NEEDLE****COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	19 -	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0	x \$210.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account **19-1013/SSMP**
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☐ Payment by credit card. Form PTO-2038.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

  
Signature**Thomas Spinelli**Reg. No. **39,533****SCULLY, SCOTT, MURPHY & PRESSER, P.C.****400 Garden City Plaza, Ste. 300****Garden City, NY 11530****(516) 742-4343****TS:DAT:jam**Dated: **May 30, 2008**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on \_\_\_\_\_

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